

WISCONSIN
HOME HEALTH AGENCIES AND PATIENTS
2000

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Bureau of Health Information
Division of Health Care Financing
Department of Health and Family Services

Foreword

This report presents selected statistics on Wisconsin-licensed home health agencies and their patients for 2000.

The source of data for most of the information in this report is the 2000 Annual Survey of Home Health Agencies. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Supportive Living, Bureau of Quality Assurance; and Wisconsin-licensed home health agencies.

The Bureau of Health Information would like to acknowledge and thank the personnel of Wisconsin home health agencies who provided information on their agencies and the patients they serve.

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Introduction

The source of all agency-based data and most of the patient-based data for this report is the Annual Survey of Home Health Agencies, conducted by the Wisconsin Department of Health and Family Services. This survey collects information from agencies that provide both home health care and personal care, as well as those that provide home health care only. It does not collect information from agencies that provide **personal care only**.

In general, *home health care services* may include the following services in accordance with the patient's plan of care: skilled nursing, respiratory care, home health aide, personal care, medication management, medical social services, and physical, occupational, and speech and language therapies. *Personal care services* assist an individual with activities of daily living necessary to maintain the individual in his or her place of residence in the community. Personal care may include assistance with bathing, transferring, personal hygiene, changing bedding and clothing, toileting, meal preparation, and light housekeeping.

As part of the federal Balanced Budget Act passed in October 1997 (BBA 97), Congress included provisions intended to eliminate fraud and abuse as well as curb the escalating growth of Medicare expenditures for home health care. Medicare reimbursements for home health care were reduced to 1994 levels. Nationally, this resulted in the closure of 14 percent of Medicare-certified home health agencies between October 1, 1997 and January 1, 1999, according to the U.S. General Accounting Office.

In Wisconsin during 1997 (largely before BBA 97 was implemented), nine home health agencies surrendered their licenses due to either closure or merger with other agencies. In 1998, 21 agencies closed or merged. In 1999, the number of home health agencies declined by a net of 15 agencies (9 percent) from 1998. (This net decrease reflects 19 agencies that closed or merged in 1999 or shortly thereafter and four agencies that opened in 1999). In 2000, there was a net decline of two agencies.

The 2000 survey population consisted of 155 home health agencies. The Bureau of Quality Assurance (BQA) sent the survey form to all licensed home health agencies in April 2001 as part of the annual reporting requirements. Only agencies that were still in operation in April 2001 were mailed the 2000 survey. Agencies in operation in 2000 that did not complete the survey consisted of agencies that closed before April 2001, and agencies that were still operating in April 2001 but closed within several months and did not return the survey. Because agencies that closed in 2000 did not contribute data to this survey, the survey findings understate actual home health activity in 2000.

The information in this report is for calendar year 2000, with the following exceptions:

- Home health agency staffing information (Table 3, Figures 1 and 2) presents the number of employees during the week of December 3 to December 9, 2000.
- The number of home health agency patients on a typical day (Table 16) is based on the number of patients served on December 7, 2000.
- The statewide financial information combines revenue and expenses of various fiscal years (12-month periods), nearly all of which ended in 2000. The effect of this variation on inter-agency comparison is not known.

This year's report has six new tables of patient-based data derived from the federal Home Health Care Outcome and Assessment Information Set (OASIS). (See Tables 8, 9, 10, 11, 12, and 13.)

The federal Centers for Medicare and Medicaid Services (previously called the Health Care Financing Administration) has required the collection and reporting of OASIS data by home health agencies as a Condition of Participation in the Medicare and Medicaid programs since October 1999. The purpose of OASIS is to improve the quality of home health care services through outcome measurement and performance improvement.

Home health agencies collect OASIS data as part of a comprehensive assessment of each patient used to develop the patient's plan of care, assess that care over the course of treatment, and improve the quality of care provided. OASIS includes information on medical conditions and patient history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being. It also includes information on living arrangements and supportive assistance, and needs for assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs).

OASIS data for 2000 were submitted by the 142 Medicare- and Medicaid-certified home health agencies in Wisconsin. The six OASIS-based tables in this report contain information for only about one-half of all Wisconsin home health care patients in 2000: those who had either Medicare or Medicaid (or both) as a payment source and were at the skilled level of care. Nevertheless, the detailed data in these tables are an important new source of information about home health patients in Wisconsin.

Key Findings

- There were 155 home health agencies that completed the 2000 survey, representing an overall decline of 2 agencies (1 percent) from 1999. Three nonprofit and two proprietary agencies closed or merged, three nonprofit agencies opened, and one agency switched its ownership from nonprofit to proprietary.
- From 1999 to 2000, the total number of Wisconsin home health patients decreased 3 percent, following a 7 percent decline in 1999. The number of patients served by governmental agencies dropped 6 percent and the number of patients served by nonprofit agencies declined 5 percent, while the number of patients served by proprietary agencies increased 8 percent.
- During the week of December 3 to December 9, 2000, there were 4,785 full-time equivalent employees (FTEs) employed by Wisconsin home health agencies, a decline of 630 (12 percent) from the 5,415 FTEs reported in April 1999. During 2000, the number of home health patients and home health visits decreased 3 percent and 5 percent, respectively.
- There were 1,015 FTE personal care workers employed by Wisconsin home health agencies during the week of December 3 to December 9, a 34 percent increase from April 1999. This increase was accompanied by a 4 percent decrease in the number of patients receiving personal care services from home health agencies in 2000.
- The home health utilization rate (patients per 1,000 population) declined in 2000 for the third consecutive year. There were 13.4 patients per 1,000 total Wisconsin population in 2000, 14.1 patients per 1,000 in 1999, and 15.2 patients per 1,000 in 1998.
- In 2000, 62 percent of Wisconsin home health patients were served by agencies located in five counties (Milwaukee, Dane, Waukesha, Winnebago and Brown), even though these five counties had 39 percent of the state population.
- Home health admissions declined 4 percent in 2000, after a 6 percent decline in 1999. Admissions from nursing homes decreased 5 percent, after decreasing 19 percent in 1999, and admissions from hospitals were down 4 percent. Admissions from private residences increased 14 percent, following a 15 percent decline in 1999.
- Home health discharges decreased 3 percent in 2000, after a 7 percent decline in 1999. Discharges to nursing homes were down 8 percent, discharges to hospitals declined 6 percent, and discharges to private residences decreased 1 percent.
- Out of 32,280 Medicare and/or Medicaid home health patients receiving skilled care in 2000, 18 percent were independent in bathing, 22 percent were independent in ambulating, 47 percent were independent in transferring, 77 percent were independent in toilet use, and 82 percent were independent in eating. Ten percent (3,300) were independent in all five of these Activities of Daily Living.
- In 2000, only 2 percent to 7 percent of home health patients with Medicare or Medicaid and requiring skilled care were independent in shopping, housekeeping, laundry and transportation – four of the daily tasks called “Instrumental Activities of Daily Living (IADLs).”

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- In 2000, more than half (51 percent) of the Medicare and/or Medicaid home health patients receiving skilled care had a “length of stay” between 181 days and 365 days. “Length of stay” is the amount of time a patient has been receiving home health agency services during the current admission.
 - Of home health patients in 2000 who had Medicare and/or Medicaid as a payment source and were receiving skilled care, 20 percent had no primary caregiver other than home health agency staff.
 - Among all home health patients in 2000, 75 percent received skilled nursing services (down from 80 percent in 1999), 23 percent received home health aide services (down from 25 percent), and 30 percent received physical therapy (up from 26 percent). In 1996, only 12 percent of home health patients received physical therapy.
 - The number of home health patients on a “typical” day decreased from 8,544 in April 1999 to 7,243 in December 2000. This was a decline of 15 percent, following a decline of 17 percent from 1998 to 1999.
 - Reported gross patient revenue of home health agencies statewide increased for the first time since 1998, from \$239.8 million in 1999 to \$240.9 million in 2000.
 - Total agency revenue statewide was \$194 million in 2000, up 3 percent from \$188 million in 1999.
 - Statewide, total expenses reported by home health agencies exceeded total self-reported revenue by \$16.1 million in 2000, 38 percent lower than the reported difference in 1999 (\$25.8 million).
 - In 2000, 56 percent of home health patients used Medicare as a payment source (54 percent in 1999); 14 percent used Medicaid (16 percent in 1999); and 22 percent used private insurance (21 percent in 1999).
 - The total number of home health patients using Medicare as a source of payment in Wisconsin increased 4 percent in 2000 (to 44,800), after a 12 percent decline in 1999. The increase in 2000 mainly reflects a 40 percent increase in the number of Medicare patients served by proprietary agencies.
 - The total number of home health patients using Medicaid as a payment source declined 13 percent in 2000 (to 11,600), following a 5 percent decrease in 1999. The decline in 2000 reflects a 28 percent decline in the number of Medicaid patients served by nonprofit agencies. The number of Medicaid patients served by proprietary and governmental agencies increased by 7 percent and 6 percent, respectively.
 - In 2000, Medicare payments as reported by home health agencies statewide totaled about \$85.4 million, an increase of 1.5 percent from \$84.1 million in 1999. Although small, this increase is a significant change from a decline of 24 percent (\$26.5 million) in 1999, and a decline of 21 percent (\$30 million) in 1998.
 - In Fiscal Year 2000, total Medicaid payments to the state’s home care industry, as reported by the Wisconsin Division of Health Care Financing (DHCF), were approximately \$10 million more than in 1999. This represents an increase of 7.9 percent. DHCF-reported payments to home health agencies only (excluding other home care providers) declined by \$3.1 million, or 4.4 percent.

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Table 1. Home Health Agencies, Patients and Visits by Ownership Type, Wisconsin 1993-2000

Number of Home Health Agencies				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1993	188	45	81	62
1994	192	45	81	66
1995	184	44	81	59
1996	193	43	82	68
1997	191	41	81	69
1998	172	36	74	62
1999	157	32	73	52
2000	155	32	70	53
Number of Home Health Patients				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1993	65,402	11,148	39,448	14,806
1994	72,257	11,411	44,725	16,121
1995	77,783	10,716	51,126	15,941
1996	84,092	9,783	58,808	15,501
1997	86,866	9,123	61,796	15,947
1998	80,052	7,772	57,907	14,373
1999	74,600	6,369	57,808	10,423
2000	72,046	5,987	54,765	11,294
Number of Home Health Visits				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1993	3,835,946	460,106	2,081,450	1,294,390
1994	4,158,770	479,790	2,257,297	1,421,683
1995	4,349,960	486,783	2,563,909	1,299,268
1996	4,269,921	461,461	2,572,592	1,235,868
1997	4,650,803	444,117	2,624,169	1,582,517
1998	3,897,641	355,848	2,232,184	1,309,609
1999	3,634,574	266,537	2,061,098	1,306,939
2000	3,436,034	250,059	1,892,554	1,293,421

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- One hundred fifty-five home health agencies completed the 2000 survey, representing an overall decline of two agencies (1 percent) from 1999. Three nonprofit and two proprietary agencies closed or merged, three nonprofit agencies opened, and one agency switched its ownership from nonprofit to proprietary.
- From 1999 to 2000, the total number of Wisconsin home health patients decreased 3 percent, following a 7 percent decline in 1999. The number of patients served by governmental agencies dropped 6 percent and the number of patients served by nonprofit agencies declined 5 percent, while the number of patients served by proprietary agencies increased 8 percent.

Table 2. Home Health Agencies Certified to Provide Medicare, Medicaid, Personal Care, Hospice, and HealthCheck (EPSDT) Services; and Agencies that are a Department of or Affiliated with a Hospital, Wisconsin 1993-2000

Year	Number of Agencies			
	Certified by Medicare	Certified by Medicaid	Certified by Medicaid to Provide Personal Care	Certified by Medicare and/or Medicaid to Provide Hospice Care
1993	178	181	148	35
1994	182	182	150	35
1995	175	175	147	36
1996	184	184	149	43
1997	184	183	147	44
1998	164	167	130	42
1999	150	152	117	42
2000	142	146	112	42

Year	Number of Agencies		
	Certified to Provide HealthCheck Services	A Department of a Hospital	Affiliated with a Hospital
1993	*	42	14
1994	*	40	17
1995	*	40	17
1996	34	43	19
1997	33	43	20
1998	32	39	15
1999	30	39	15
2000	26	38	13

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An asterisk (*) indicates the question was not included in that year's survey. HealthCheck is Wisconsin Medicaid's federally required Early Periodic Screening, Diagnosis and Treatment program (EPSDT) for children up to age 21. The goal of Health Check is to promote early detection and treatment of health conditions before they require chronic and more expensive medical intervention. Health Check includes routine comprehensive screenings, including vision and hearing; dental screening; appropriate immunizations; appropriate tests, including laboratory and lead poisoning screening; and necessary referrals for follow-up care.

- Between 1997 and 2000, the number of home health agencies certified to provide services declined at least 20 percent in three categories: Medicare (23%), Medicaid (20%), and Medicaid personal care (24%).
- The number of home health agencies certified by Medicare and/or Medicaid to provide hospice services has been fairly stable since 1996.
- The number of home health agencies affiliated with a hospital decreased by two in 2000, from 15 to 13.

Table 3. Full-Time Equivalent Employees (FTEs) of Home Health Agencies by Ownership Type, Wisconsin, December 2000

Employee Category	Statewide FTEs		Number of FTEs by Ownership of Agency		
	Number	Percent	Governmental	Non-Profit	Proprietary
Administrator	135		27	60	47
RN Supervisor	217		23	123	72
Subtotal	352	7%	50	184	119
Registered Nurse	1,122		129	758	236
Licensed Practical Nurse	219		6	93	120
Subtotal	1,341	28%	135	851	356
Home Health Aide	981	20%	63	618	300
Physical Therapist	125		4	106	15
Occupational Therapist	34		1	28	5
Speech Pathologist	10		0	9	1
Respiratory Therapist	4		0	4	0
Medical Social Worker	45		0	41	4
Subtotal	218	5%	5	188	25
Personal Care Worker	1,015		59	223	733
Homemaker	145		11	62	72
Other	733		75	475	183
Subtotal	1,893	39%	145	760	988
Total	4,785	100%	398	2,601	1,788

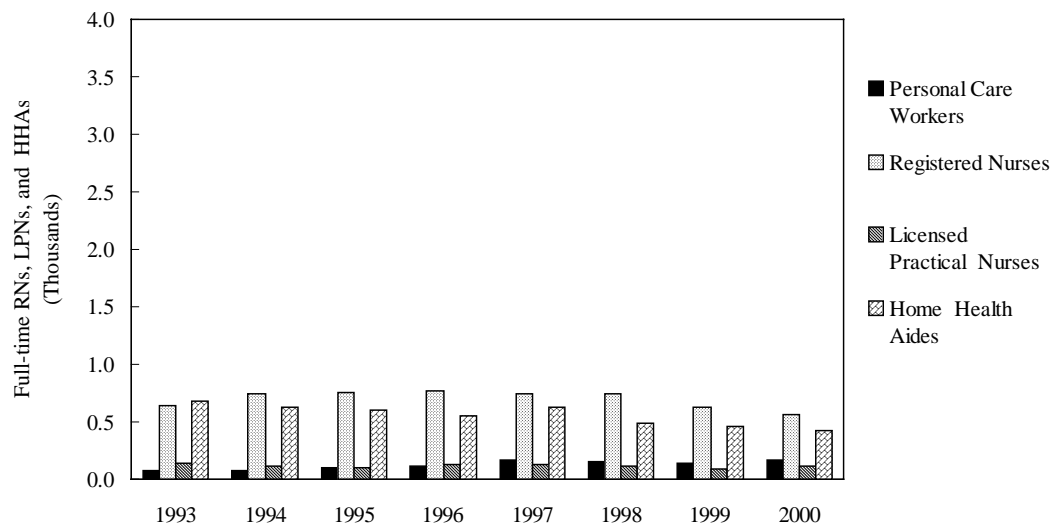
Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This count of employees is from the week of December 3-9, 2000. This was the *first* year in which staffing information was collected in December (instead of April), so it may not be comparable to data from previous years.

Percentages may not add to 100 percent due to rounding.

- During the week of December 3 to December 9, 2000, there were 4,785 full-time equivalent employees (FTEs) employed by Wisconsin home health agencies, a decline of 630 (12 percent) from the 5,415 FTEs reported in April 1999. From 1999 to 2000, the number of home health patients and home health visits decreased 3 percent and 5 percent, respectively.
- Between April 1999 and December 2000, the number of FTE home health aides declined 22 percent, following a 35 percent decrease between 1998 and 1999. The number of patients served by home health aides decreased 11 percent between 1999 and 2000.
- There were 1,015 FTE personal care workers employed by Wisconsin home health agencies during the week of December 3 to December 9, a 34 percent increase from April 1999. This increase was accompanied by a 4 percent decrease in the number of patients receiving personal care services from home health agencies in 2000.
- Between April 1999 and December 2000, the number of FTE RNs working in home health agencies decreased 20 percent, and FTE LPNs in these agencies decreased 11 percent.

Figure 1. Full-Time Staff Employed by Home Health Agencies, Wisconsin 1993-2000

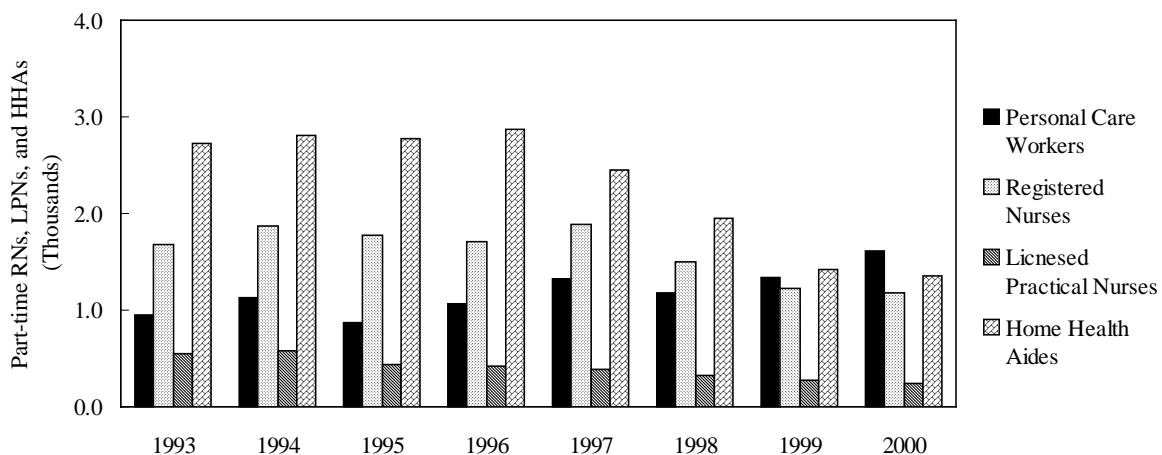


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- Between April 1999 and December 2000, the number of full-time RNs decreased 24 percent (from 746 to 568), the number of full-time home health aides decreased 12 percent (from 483 to 425), and the number of full-time LPNs was down 6 percent (from 115 to 109). The number of full-time personal care workers was up 13 percent (from 150 to 170).

Figure 2. Part-Time Staff Employed by Home Health Agencies, Wisconsin, 1993-2000

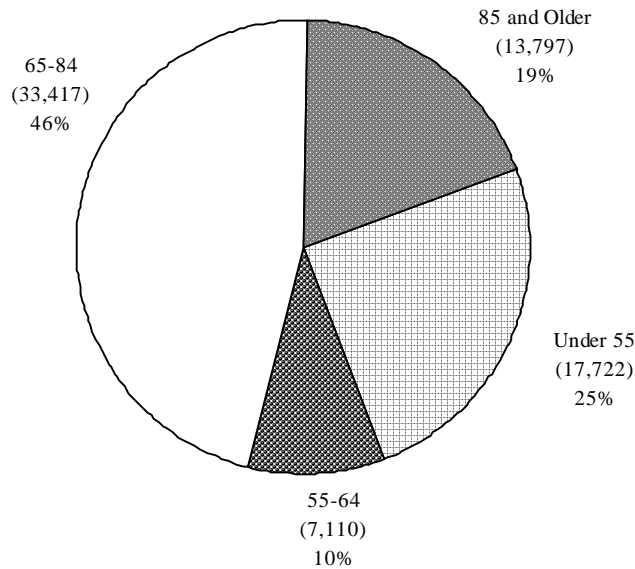


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- From April 1999 to December 2000, the number of part-time home health aides declined 30 percent (from 1,944 to 1,361), the number of part-time LPNs declined 24 percent (from 327 to 249), and the number of part-time RNs declined 21 percent (from 1,497 to 1,182). The number of part-time personal care workers increased 36 percent (from 1,183 to 1,611).

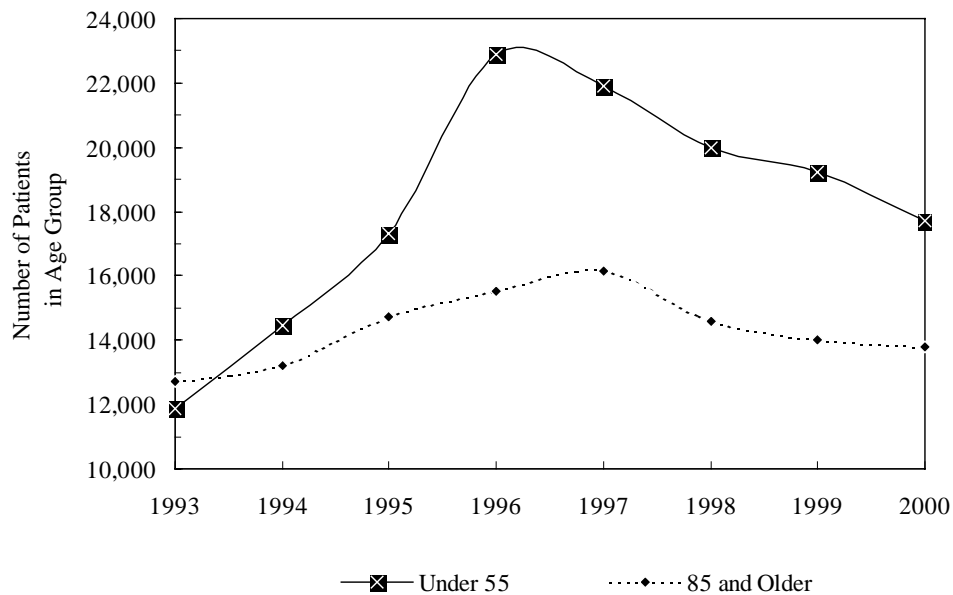
Figure 3. Home Health Patients by Age, Wisconsin 2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2000, 25 percent of Wisconsin home health patients were under age 55, 10 percent were aged 55-64, 46 percent were aged 65-84, and 19 percent were aged 85 and older. These proportions were similar to those for 1999.

Figure 4. Home Health Patients under Age 55 and Age 85 and Older, Wisconsin 1993-2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The number of patients aged 85 and older declined for the third consecutive year. Patients 85 and older decreased 2 percent in 2000, 4 percent in 1999, and 10 percent in 1998. Similarly, patients under 55 years of age declined 8 percent in 2000, 4 percent in 1999, and 9 percent in 1998.

Table 4. Primary Diagnosis of Home Health Patients by Age, Wisconsin 2000

Primary Diagnosis	Number of Patients	Percent in Age Group					Percent Age 65+
		<55	55-64	65-74	75-84	85+	
Total	72,046	25%	10%	18%	28%	19%	65%
Cardiovascular Disease	10,995	9	9	21	35	26	83
Arthritis (Arthropathies, Dorsopathies & Rheumatism)	7,419	12	11	23	34	20	77
Cancer	6,017	20	16	27	26	10	63
Respiratory Diseases	4,786	15	8	21	34	22	77
Ill-Defined Conditions	4,659	18	7	15	32	28	75
Fractures, Dislocations & Sprains	3,996	16	7	15	35	27	77
Wounds, Burns & Other Injuries	3,347	31	12	18	23	17	57
Diabetes	2,922	17	13	23	33	16	71
Conditions Orig.in the Perinatal Period	2,595	100	0	0	0	0	0
Digestive Disorders	2,404	29	11	20	25	16	60
Stroke	2,256	6	9	22	38	25	85
Central Nervous System/Multiple Sclerosis	2,190	46	13	14	18	8	40
Genitourinary System	2,081	20	8	16	34	21	72
Complications Of Surgery	1,556	39	17	20	19	6	44
Osteopathies	1,223	27	11	15	26	21	62
Psychoses & Neurotic Disorders	1,052	30	12	17	24	18	58
Paralysis & Cerebral Palsy	1,008	73	11	8	5	2	15
Blood Diseases	857	13	5	12	29	41	82
Other Infectious & Parasitic Diseases	795	45	15	13	15	11	39
Pregnancy & Childbirth	765	100	0	0	0	0	0
Congenital Anomalies	645	80	5	5	7	3	15
Dementia/Alzheimer's Disease	632	3	3	15	42	37	94
Mental Retardation	544	76	13	6	4	1	11
Dehydration	347	13	7	13	35	31	80
Eye, Ear Problems	213	25	8	12	29	26	67
Poisoning & Toxic Effects	75	30	18	15	22	15	52
HIV Infection	37	78	8	8	5	0	14
Other Conditions	6,630	28%	11%	17%	25%	20%	62%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

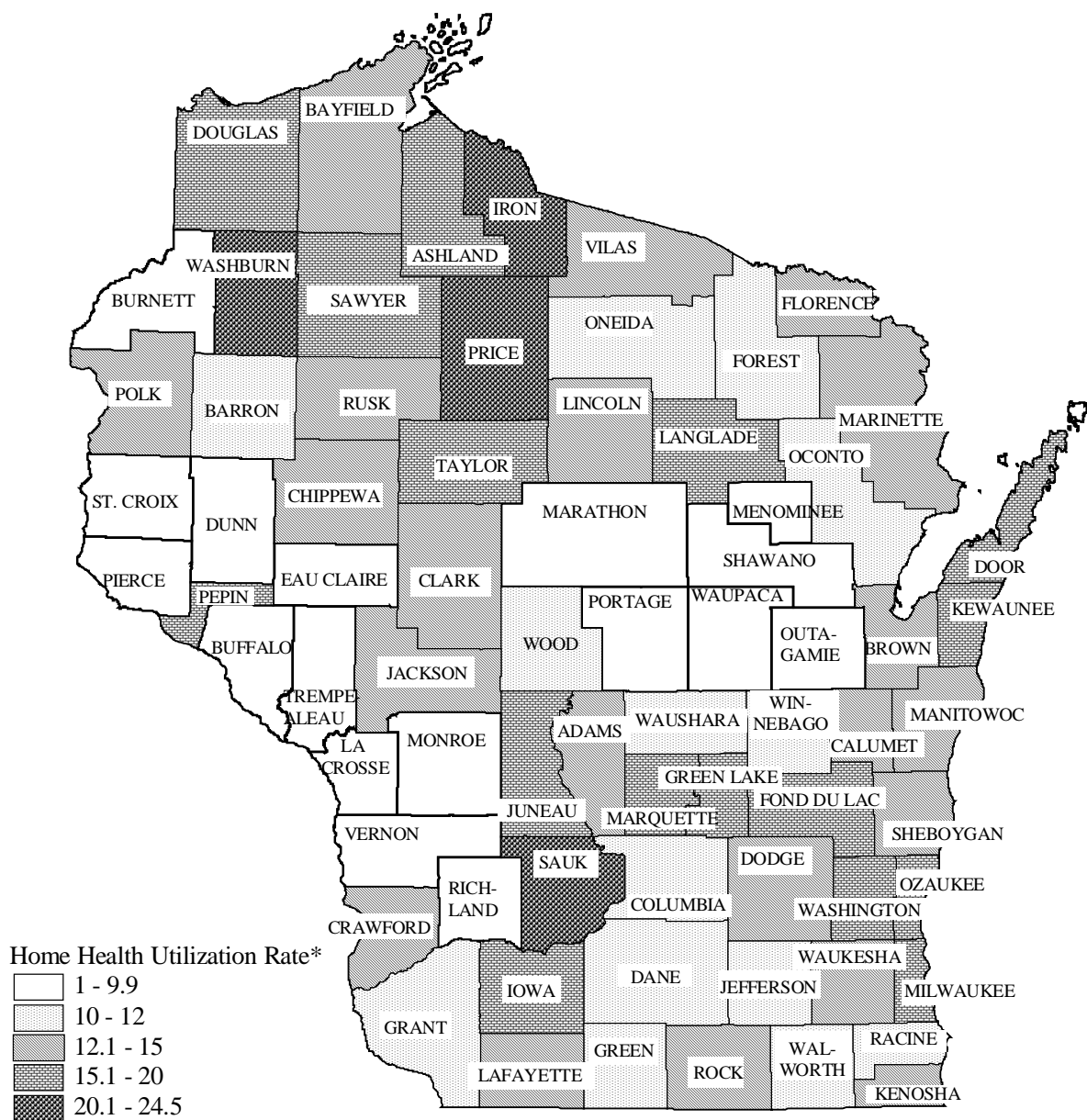
Notes: These numbers reflect unduplicated counts.

Primary diagnosis refers to grouped ICD-9 codes. See survey instrument for more details.

Total includes 1,716 home health patients whose age and/or primary diagnosis were not reported.

- Patients age 65 and older made up 80 percent or more of patients with the following diagnoses: cardiovascular disease, stroke, blood disease, dementia/Alzheimer's disease and dehydration.
- Seventy-three percent of home health patients with paralysis or cerebral palsy were aged 55 or younger.

Map. Home Health Utilization Rate by County of Residence, Wisconsin 2000



*Number of home health patients per 1,000 county population (US Census, 2000).

Wisconsin Division of Health Care Financing
Bureau of Health Information

Table 5. Home Health Utilization Rate (Patients per 1,000 Population) by County of Residence, Wisconsin 2000

County	Patients	Population	Rate	County	Patients	Population	Rate
State Total	72,046	5,363,675	13.4	Marathon	1,231	125,834	9.8
Adams	268	18,643	14.4	Marinette	594	43,384	13.7
Ashland	273	16,866	16.2	Marquette	252	15,832	15.9
Barron	526	44,963	11.7	Menominee	5	4,562	1.1
Bayfield	215	15,013	14.3	Milwaukee	16815	940,164	17.9
Brown	2,926	226,778	12.9	Monroe	379	40,899	9.3
Buffalo	115	13,804	8.3	Oconto	355	35,634	10.0
Burnett	153	15,674	9.8	Oneida	416	36,776	11.3
Calumet	516	40,631	12.7	Outagamie	1,394	160,971	8.7
Chippewa	775	55,195	14.0	Ozaukee	1,436	82,317	17.4
Clark	461	33,557	13.7	Pepin	130	7,213	18.0
Columbia	559	52,468	10.7	Pierce	308	36,804	8.4
Crawford	233	17,243	13.5	Polk	528	41,319	12.8
Dane	5,108	426,526	12.0	Portage	445	67,182	6.6
Dodge	1,067	85,897	12.4	Price	387	15,822	24.5
Door	444	27,961	15.9	Racine	2,219	188,831	11.8
Douglas	699	43,287	16.1	Richland	103	17,924	5.7
Dunn	354	39,858	8.9	Rock	1,871	152,307	12.3
Eau Claire	914	93,142	9.8	Rusk	198	15,347	12.9
Florence	68	5,088	13.4	Saint Croix	588	63,155	9.3
Fond du Lac	1,698	97,296	17.5	Sauk	1,233	55,225	22.3
Forest	119	10,024	11.9	Sawyer	264	16,196	16.3
Grant	582	49,597	11.7	Shawano	270	40,664	6.6
Green	342	33,647	10.2	Sheboygan	1,557	112,646	13.8
Green Lake	288	19,105	15.1	Taylor	311	19,680	15.8
Iowa	423	22,780	18.6	Trempealeau	226	27,010	8.4
Iron	158	6,861	23.0	Vernon	238	28,056	8.5
Jackson	264	19,100	13.8	Vilas	302	21,033	14.4
Jefferson	856	74,021	11.6	Walworth	1,035	93,759	11.0
Juneau	373	24,316	15.3	Washburn	342	16,036	21.3
Kenosha	1,873	149,577	12.5	Washington	1,810	117,493	15.4
Kewaunee	380	20,187	18.8	Waukesha	5,367	360,767	14.9
La Crosse	746	107,120	7.0	Waupaca	262	51,731	5.1
Lafayette	222	16,137	13.8	Waushara	269	23,154	11.6
Langlade	355	20,740	17.1	Winnebago	1,819	156,763	11.6
Lincoln	398	29,641	13.4	Wood	867	75,555	11.5
Manitowoc	1,165	82,887	14.1				

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The rate is the number of patients per 1,000 population in each age group, based on 2000 US Census counts. The total includes 304 out-of-state patients.

- The home health utilization rate (patients per 1,000 population) declined in 2000 for the third consecutive year. There were 13.4 patients per 1,000 total Wisconsin population in 2000, 14.1 patients per 1,000 in 1999, and 15.2 patients per 1,000 in 1998.
- Price County had the highest home health utilization rate in the state in 2000, 24.5 patients per 1,000 residents; this was up from 18.1 per 1,000 in 1999. Iron, Sauk and Washburn counties also had utilization rates of over 20 per 1,000 population.
- Among counties with a population of 100,000 or more, Milwaukee had the highest home health utilization rate in 2000, with approximately 18 patients per 1,000 population; this was down from 21 patients per 1,000 in 1999. La Crosse had the lowest utilization rate in 2000 among these larger counties, with only 7 patients per 1,000 population; this was down from 9 per 1,000 in 1999.

Table 6. Number, Percent and Utilization Rate (Patients per 1,000 Population) of Home Health Patients by Age and Sex, Wisconsin 2000

Age	Total			Female			Male		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
All Patients	72,046	100%	13.4	42,506	59%	15.7	29,540	41%	11.2
Under 55	17,722	25	4.2	9,150	22	4.4	8,527	29	4.0
55-64	7,110	10	15.5	3,856	9	16.5	3,231	11	14.4
65-74	13,119	18	36.9	7,447	18	39.0	5,620	19	34.2
75-84	20,298	28	80.7	12,516	29	82.5	7,695	26	77.0
85 or older	13,797	19	144.3	9,349	22	136.7	4,386	15	160.9
65 or older	47,214	66%	67.2	29,312	69%	71.3	17,701	60%	60.7

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The utilization rate is the number of patients per 1,000 population in each age group, based on 2000 US Census counts.

The totals included 188 female and 81 male patients whose age was not reported.

- In 2000, the home health utilization rate among Wisconsin females was 15.7 per 1,000 population, compared with 16.6 per 1,000 in 1999. The 2000 rate for males was 11.2 per 1,000, compared with 11.5 per 1,000 in 1999.
- Females had higher rates of home health utilization at every age except 85 and older.
- Of the 72,046 home health patients statewide in 2000, 41 percent (29,312) were females age 65 and older. About 25 percent (17,701) were males age 65 and older.
- The home health utilization rate of Wisconsin females aged 65 and older decreased from 74 per 1,000 in 1999 to 71 per 1,000 in 2000. The utilization rate for males in that age group decreased from 63 per 1,000 to 61 per 1,000.
- Among males age 85 and older in Wisconsin, 161 of every 1,000 used home health services in 2000, up slightly from 158 per 1,000 in 1999. The utilization rate for females aged 85 and older decreased for the third consecutive year, to 137 per 1,000.

Table 7. Home Health Agencies and Patients in Selected Counties, Wisconsin 2000

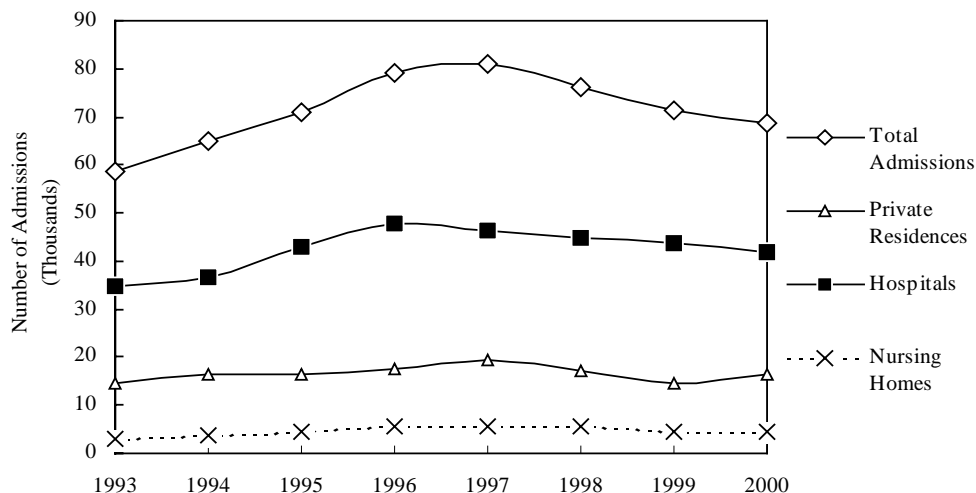
County of Agency	Number of		Percent of Statewide Total Patients
	Agencies	Patients	
All	155	72,046	100%
Milwaukee	21	26,816	37
Dane	7	6,590	9
Waukesha	7	4,297	6
Brown	5	3,313	5
Winnebago	5	3,679	5
Marathon	2	1,932	3
Rock	4	1,822	3
Eau Claire	3	1,163	2
Fond du Lac	2	1,483	2
Wood	2	1,596	2
Chippewa	2	953	1
Dodge	3	1,013	1
Kenosha	2	1,013	1
La Crosse	3	1,079	1
Manitowoc	2	559	1
Oneida	2	814	1
Polk	1	381	1
Out-of-State Agencies	16	1,091	2

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Patient counts in this table reflect the number of patients served by agencies located in that county (not patient county of residence). Counties whose home health agencies served less than 1 percent of total Wisconsin home health patients were excluded from this table. (Percent column will therefore not add to 100.)

- In 2000, 62 percent of Wisconsin home health patients were served by agencies located in five counties (Milwaukee, Dane, Waukesha, Winnebago and Brown), even though these five counties had 39 percent of the state population.
- The 28 home health agencies in Milwaukee and Dane counties served 46 percent of the state's home health patients. These two counties had 25 percent of the total Wisconsin population in 2000.
- Twenty-three agencies in five other counties (Waukesha, Winnebago, Brown, Marathon and Rock) served 21 percent of total home health patients.

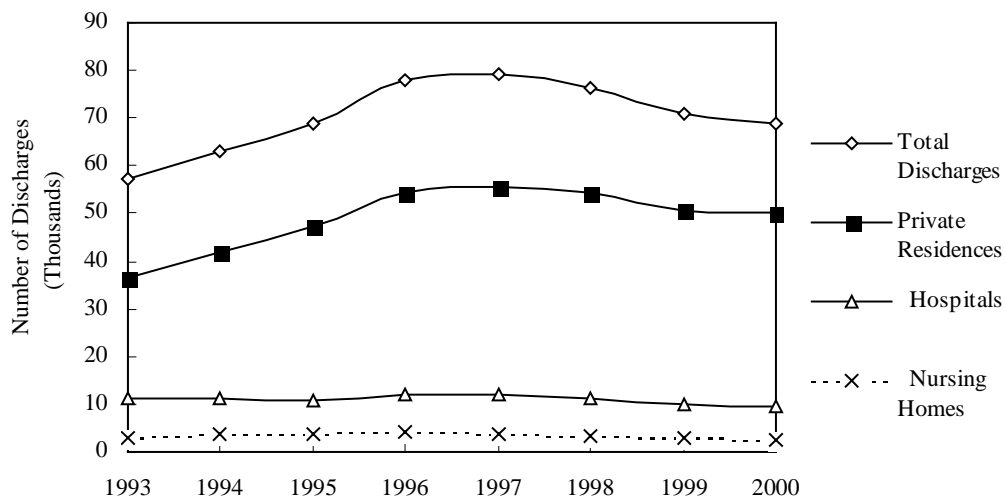
Figure 5. Home Health Admissions from Private Residences, Hospitals, and Nursing Homes, Wisconsin 1993-2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Home health admissions declined 4 percent in 2000 (to 68,848), after a 6 percent decline in 1999. Admissions from nursing homes decreased 5 percent, after decreasing 19 percent in 1999, and admissions from hospitals were down 4 percent. Admissions from private residences increased 14 percent, following a 15 percent decline in 1999.

Figure 6. Home Health Discharges to Private Residences, Hospitals, and Nursing Homes, Wisconsin 1993-2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Home health discharges decreased 3 percent in 2000 (to 68,847), after a 7 percent decline in 1999. Discharges to nursing homes were down 8 percent, discharges to hospitals declined 6 percent, and discharges to private residences decreased 1 percent.

Table 8. Home Health Patient Need for Help with Selected Activities of Daily Living (ADLs) by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2000

Activities of Daily Living (Current Condition)	Age					Total
	<55	55-64	65-74	75-84	85+	
Total Number	2,059	1,625	7,883	12,718	7,994	32,279
Ambulation/Locomotion						
Independent	28%	28%	28%	20%	13%	22%
Requires use of a device	33	49	56	63	66	59
Needs supervision/assistance	7	8	9	10	14	11
Chairfast (able to wheel self)	13	9	4	3	2	4
Chairfast (unable to wheel self)	7	4	3	3	4	4
Bedfast	2	1	<1	<1	1	1
Total Percent	100%	100%	100%	100%	100%	100%
Transferring						
Independent	56%	51%	52%	46%	40%	47%
Needs minimal assistance	28	37	41	46	50	44
Unable to transfer self	11	9	6	7	9	8
Bedfast	5	3	1	1	1	2
Total Percent	100%	100%	100%	100%	100%	100%
Toilet Use						
Independent	75%	78%	80%	78%	73%	77%
Needs assistance	10	10	13	15	18	15
Able to use bedside commode	4	5	4	4	4	4
Totally dependent	12	6	3	3	5	4
Total Percent	100%	100%	100%	100%	100%	100%
Bathing						
Independent	33%	24%	21%	17%	13%	18%
Requires devices	8	9	9	9	8	9
Needs assistance	33	39	41	46	50	45
Unable to use shower/tub	27	28	29	28	29	28
Total Percent	100%	100%	100%	100%	100%	100%
Eating						
Independent	78%	82%	84%	83%	78%	82%
Needs limited assistance	14	14	13	14	18	15
Must be assisted	4	3	1	2	3	2
Able to take in nutrients orally, and receives suppl. nutrients through tube or gastrostomy	1	<1	<1	<1	<1	<1
Unable to take in nutrients orally	3	1	1	1	1	1
Total Percent	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: "Current condition" means as of assessment date. ADLs are defined in the Technical Notes.

The data for this table included only the latest Start of Care Assessment for each patient (see Technical Notes). ADL data were not reported on one patient record.

- Out of 32,280 Medicare and/or Medicaid home health patients receiving skilled care in 2000, 18 percent were independent in bathing, 22 percent were independent in ambulating, 47 percent were independent in transferring, 77 percent were independent in toilet use, and 82 percent were independent in eating.
- Ten percent (3,300) of these home health patients were independent in all five of these Activities of Daily Living.
- In terms of the percentage of patients who were independent in eating and toilet use, there was little difference across age groups.

Table 9. Home Health Patient Need for Help with Selected Instrumental Activities of Daily Living (IADLs) by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2000

Instrumental Activities of Daily Living (Current Condition)	Age					Total
	<55	55-64	65-74	75-84	85+	
Total Number	2,059	1,626	7,883	12,718	7,994	32,280
Shopping						
Independent	9%	4%	3%	2%	2%	2%
Needs help	27	18	15	14	13	15
Unable to go shopping but able to arrange home delivery	39	50	55	53	46	51
Needs someone to do all shopping and errands	25	28	27	31	40	32
Total percent	100%	100%	100%	100%	100%	100%
Housekeeping						
Independent	12%	6%	4%	4%	4%	6%
Able to do light housekeeping	30	29	31	30	27	30
Needs some assistance	7	7	6	7	6	6
Unable to do housekeeping tasks	52	58	58	59	63	59
Total percent	100%	100%	100%	100%	100%	100%
Laundry						
Independent	15%	9%	7%	7%	6%	7%
Able to do light laundry	29	27	29	27	24	27
Unable to do any laundry	57	64	64	66	70	66
Total percent	100%	100%	100%	100%	100%	100%
Transportation/Driving						
Independent	11%	5%	3%	2%	2%	3%
Able to ride in car/van/bus	86	92	95	96	95	94
Unable to ride, requires ambulance	4	3	2	2	3	2
Total percent	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: "Current condition" means as of assessment date. IADLs are defined in the Technical Notes.

The data for this table included only the latest Start of Care assessment for each patient (see Technical Notes).

- In 2000, only 2 percent to 7 percent of home health patients with Medicare or Medicaid and requiring skilled care were independent in shopping, housekeeping, laundry and transportation – four of the daily tasks called "Instrumental Activities of Daily Living (IADLs)."
- Fifty-nine percent of these home health patients were unable to do any housekeeping tasks, and 66 percent were unable to do any laundry.
- Fifty-one percent of these home health patients were unable to go shopping alone, and 32 percent needed someone to do all the shopping.
- In general, patients under age 55 needed somewhat less help with IADLs.

Table 10. Home Health Patient Frequency of Assistance from Primary Caregiver by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2000

Frequency of Assistance from Primary Caregiver	Total Number	Age Group					Total
		< 55	55-64	65-74	75-84	85 +	
No primary caregiver (other than agency staff)	6,196	26%	23%	17%	20%	21%	20%
Has a primary caregiver, receives help:							
Several times during day & night	10,252	32	32	36	33	32	33
Several times during day	8,715	27	28	33	28	24	28
Once daily	1,872	6	5	5	6	7	6
Three or more times per week	2,251	5	7	5	8	9	7
1-2 times per week	1,259	3	4	3	4	5	4
Less often than weekly	353	1	1	1	1	2	1
Total	30,898	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included only the latest Start of Care Assessment for each patient (see Technical Notes). The data on primary caregiver's frequency of assistance were not reported on 1,382 patient records. Percentages may not add to 100 percent due to rounding.

- Of home health patients in 2000 who had Medicare and/or Medicaid as a payment source and were receiving skilled care, 20 percent had no primary caregiver other than home health agency staff.
- Thirty-three percent received help from a primary caregiver (other than agency staff) several times during the day and night; this percentage was similar across age groups.
- An additional 28 percent of these home health patients received assistance from their caregiver several times during the day.
- Twelve percent of these home health patients had a primary caregiver but received that person's help less than once daily.

Table 11. Race/Ethnicity of Home Health Patients by Age (Based on All Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2000

Age	Race/Ethnicity					Total
	White	Asian/Pacific Islander	Black or African American	American Indian	Hispanic/Latino	
Less than 55	5%	17%	27%	19%	24%	2,077
55-64	4	10	15	12	15	1,626
65-74	24	30	28	22	29	7,880
75-84	41	32	21	31	23	12,722
85 and over	26	11	10	17	10	8,003
Total Percent	100%	100%	100%	100%	100%	
65 and over	91%	74%	58%	69%	61%	28,605
Total Number	30,189	159	1,478	186	296	32,308
Percent of Total	93%	<1%	5%	1%	1%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included all types of assessment (see Technical Notes). The data on race/ethnicity were not reported on 7,952 patient records.

Percentages may not add to 100 percent due to rounding.

- Ninety-three percent of Medicare and/or Medicaid home health patients receiving skilled care were reported to be white, compared with 87 percent of all Wisconsin home health patients (not shown).
- Seven percent of Medicare and/or Medicaid home health patients receiving skilled care were reported to be of minority race/ethnicity, compared with 13 percent of all Wisconsin home health patients (not shown).
- Minority home health patients, especially African Americans, were generally younger than home health patients overall.

Table 12. “Length of Stay” of Home Health Patients by Age (Based on All Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2000

Length of Stay	Total		Age				
	Number	Percent	< 55	55-64	65-74	75-84	85 +
< 30 Days	2,630	7%	6%	6%	7%	7%	6%
31-90 Days	5,228	13	13	15	14	13	12
91- 180 Days	8,110	20	20	18	21	20	20
181 – 365 Days	20,574	51	49	52	50	51	52
1+ Years	3,717	9	11	9	8	9	10
Total	40,259	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included all types of assessment (see Technical Notes). The data on length of stay were not reported on one patient record.

Percentages may not add to 100 percent due to rounding.

- In 2000, more than half (51 percent) of Medicare and/or Medicaid home health patients receiving skilled care had a “length of stay” between 181 days and 365 days. “Length of stay” is the amount of time a patient has been receiving home health agency services during the current admission.
- Nine percent of these patients had been receiving home health service for one year or longer.

Table 13. Pay Source of Home Health Patients by Age (Based on all Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2000

Age	Total			Female			Male		
	Medicare	Medicaid	Dual Entitlee	Medicare	Medicaid	Dual Entitlee	Medicare	Medicaid	Dual Entitlee
Number of Patients	35,626	3,491	1,143	21,917	2,227	828	13,709	1,264	315
Under 55	3%	48%	21%	2%	44%	16%	4%	55%	36%
55-64	4	21	13	3	21	11	4	21	16
65-74	25	11	25	23	12	26	28	11	23
75-84	42	12	25	42	13	29	42	9	16
85 or older	27	8	15	30	11	17	22	4	10
Total Percent	100%	100%	100%	100%	100%	100%	100%	100%	100%
65+ (Number)	33,362	1,092	753	20,747	789	600	12,615	303	153
65 + (Percent)	94%	31%	66%	95%	35%	72%	92%	24%	49%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: A dual entitlee is a person eligible for health care coverage under Medicaid *and* Medicare.

The data for this table included all types of assessment (see Technical Notes).

Percentages may not add to 100 percent due to rounding.

- Of 40,260 home health patients who received skilled care paid for by Medicare and/or Medicaid, 62 percent (24,972) were female and 38 percent (15,288) were male.
- Approximately 94 percent of the Medicare and/or Medicaid home health patients receiving skilled care were aged 65 and over, compared with 66 percent of all Wisconsin home health patients (see Table 6, page 15).

Home Health Services

Table 14. Services Provided to Home Health Patients, Wisconsin 2000

	Statewide Total		Ownership of Agency		
	Number	Percent	Governmental	Nonprofit	Proprietary
Total Patients	72,046	100%	100%	100%	100%
Therapeutic Services					
Skilled Nursing	53,691	75	84	75	69
Home Health Aide Services	16,497	23	31	23	20
Physical Therapy	21,299	30	24	32	21
Speech Pathology	1,312	2	1	2	1
Occupational Therapy	6,519	9	6	10	7
Medical Social Service	5,388	7	<1	9	4
Respiratory Therapy	7	<1	0	0	<1
Private Duty Nursing	853	1	0	1	4
Other Home Health Care	256	<1	0	<1	2
Non-Therapeutic Services					
Personal Care Service	7,429	10	18	6	30
Personal Care RN Supervisory	6,545	9	16	5	27
Homemaker Service	1,697	2	3	2	4
Other Non-Therapeutic Care	216	<1%	0%	<1%	<1%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percents will add to more than 100 because each patient could receive more than one type of service.

- Among all home health patients in 2000, 75 percent received skilled nursing services (down from 80 percent in 1999), 23 percent received home health aide services (down from 25 percent), and 30 percent received physical therapy (up from 26 percent). In 1996, only 12 percent of home health patients received physical therapy.

Table 15. Home Health Agencies Providing Other Home-Based Services, Wisconsin 1998-2000

Agencies Providing Other Home-Based Services	1998 Agencies		1999 Agencies		2000 Agencies	
	Number	Percent	Number	Percent	Number	Percent
Total Home Health Agencies	172	100%	157	100%	155	100%
Share Cases with Other Agencies	92	53	86	55	79	51
Number of Cases Shared with Home Health Agencies	239		305		223	
Number of Cases Shared with Personal Care Agencies	363		299		368	
Number of Cases Shared with Independent Providers	303		303		319	
Provide Services at:						
Adult Family Homes	78	45	72	46	79	51
Number of Patients on Dec. 31	194		255		288	
Adult Day Care Centers	11	6	13	8	13	8
Residential Care/Assisted Living Apts.	104	60	96	61	95	61
Community-Based Residential Facilities (CBRFs)	117	68	109	69	111	72
Number of Patients on Dec. 31	921		677		665	

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

- Over 50 percent of home health agencies now provide services in adult family homes, and 72 percent in Community-Based Residential Facilities (CBRFs).
- The number of home health agency cases shared with personal care agencies increased 23 percent between 1999 and 2000.

Home Health Services

Table 16. Home Health on a Typical Day: Patient Conditions, Services, and Activities, Wisconsin, December 7, 2000

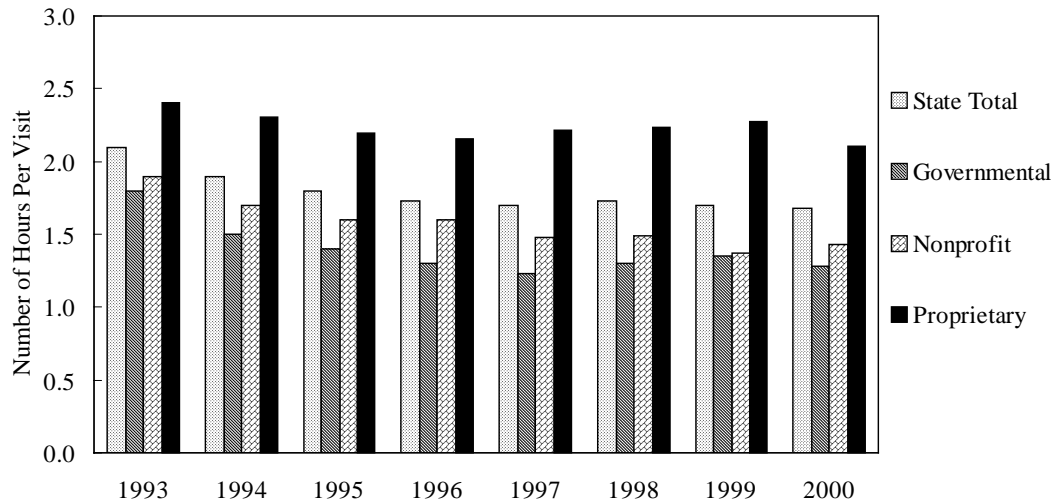
	Patients	Percent of Patients on This Day
Total Patients	7,243	100%
Sensory Difficulties		
Impaired Hearing	1,033	14
Impaired Vision	1,217	17
Psychological Problems		
Attempted Suicide	10	<1%
Verbally Abusive	166	2
Physically Aggressive	161	2
Impaired Memory	1,571	22
Alcohol & Other Drug Abuse	93	1
Therapies		
Psychiatric Therapy	81	1%
Occupational Therapy	274	4
Physical Therapy	853	12
Speech Therapy	82	1
Medical Social Services	190	3
Requires Help with Activities Of Daily Living (ADLs)		
Dressing	3,950	55%
Ambulation	2,666	37
Eating	1,884	26
Bathing	4,909	68
Toileting	2,655	37
Transferring	2,645	37
1-3 ADLs	3,019	42
4-6 ADLs	2,584	36
Nursing Actions related to:		
Tracheotomy	114	2%
Wound Care (ulcers, burns, pressure sores,	1,116	15
Ostomy Care	283	4
Respiratory Care (Medicaid Only)	100	1
Respiratory Care (except Medicaid)	124	2
Tube Feeding	236	3
Appliances	338	5
Pharm. Administration (excluding I.V.)	391	5
I.V. Administration	152	2
Medication Setup	729	10
Other Nursing Actions	1,256	17

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The percentages shown in this table were based on a reported total of 7,243 patients on December 7, 2000. Percents will add to more than 100 because each patient may have had more than one condition, may have received more than one service, or may have had more than one ADL need.

- The number of home health patients on a “typical” day decreased from 8,544 in April 1999 to 7,243 in December 2000. This was a decline of 15 percent, following a decline of 17 percent from 1998 to 1999.
- Forty-two percent of all home health patients seen on a “typical” day in December 2000 required help with 1 to 3 ADLs (Activities of Daily Living), and 36 percent required help with 4 to 6 ADLs.
- Seventeen percent of the patients visited on this day in 2000 had impaired vision (compared with 20 percent in 1999) and 22 percent had impaired memory (19 percent in 1999).

Figure 7. Average Number of Hours per Home Health Visit, Wisconsin 1993-2000

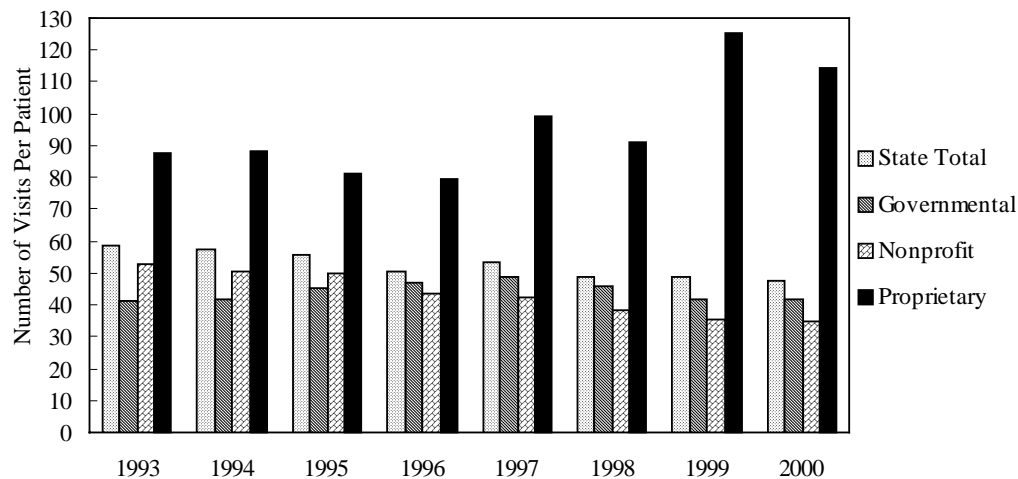


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The data in this table were based on 154 home health agencies.

- The average length of a home health visit in 2000 was 1.7 hours, similar to visits for the past several years.
- Home health visits by governmental agencies lasted an average of 1.3 hours (ranging from 0.8 hour to 2.4 hours per visit); visits by nonprofit agencies averaged 1.4 hours (ranging from 0.7 hour to 4.7 hours per visit); and visits by proprietary agencies averaged 2.1 hours (ranging from 0.8 hour to 9.6 hours per visit).

Figure 8. Average Number of Visits per Home Health Patient, Wisconsin 1993-2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Average visits per patient statewide decreased to 48 visits in 2000, compared to 49 visits in 1999.
- On average, proprietary agencies made 115 visits to each of their patients in 2000, a decrease of 9 percent from 125 visits in 1999. Average visits per patients were down 3 percent for nonprofit agencies (to 35 visits) and remained about the same for governmental agencies (at 42 visits).

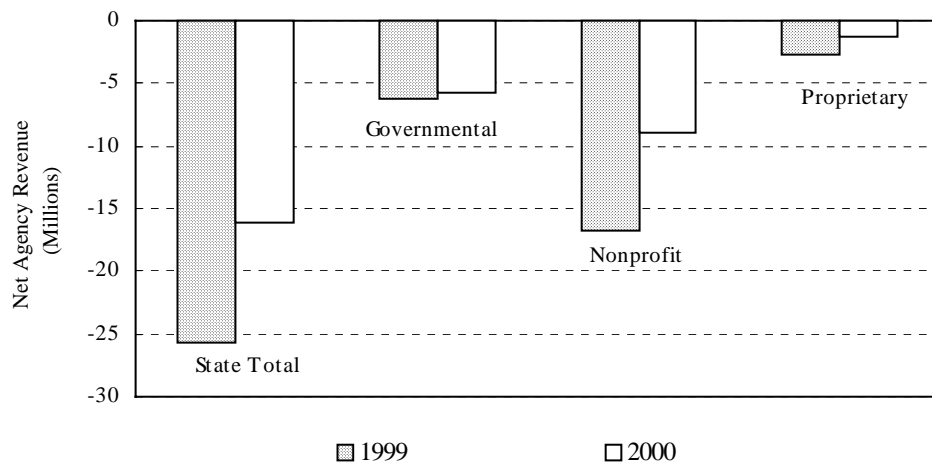
Table 17. Home Health Agency Revenue by Ownership Type, Wisconsin 2000

	State Total Amount Percent		Ownership of Agency					
			Governmental		Nonprofit		Proprietary	
	Amount	Percent	Amount	Percent	Amount	Percent	Amount	Percent
Gross Patient Revenue								
Medicare	\$101,871,065	42%	\$7,017,343	46%	\$85,566,496	58%	\$9,287,226	12%
Medicaid	96,663,442	40	4,766,132	31	36,421,089	25	55,476,221	71
Other Federal Government	401,172	<1	156,500	1	144,352	<1	100,320	<1
State Government (COP,	4,300,850	2	599,496	4	2,181,212	1	1,520,142	2
All Other Government	2,491,634	1	450,269	3	1,174,333	1	867,032	1
Third Party	23,410,041	10	1,326,067	9	15,917,600	11	6,166,374	8
Self Pay	10,531,024	4	821,137	5	6,067,626	4	3,642,261	5
Other Sources of Revenue	1,246,049	1	17,124	<1	606,663	<1	622,262	1
Reported Gross Patient Revenue	\$240,915,277	100	\$15,154,068	100	\$148,079,371	100	\$77,681,838	100
Deductions from Revenue								
Medicare	\$16,465,596	7	\$725,065	5	\$14,323,625	10	\$1,416,906	2
Medicaid	27,478,146	11	1,215,672	8	9,646,369	7	16,616,105	21
Other Government	394,356	<1	162,327	1	139,545	<1	92,484	<1
Third Party	4,009,409	2	322,907	2	2,825,092	2	861,410	1
Bad Debts	1,424,754	1	156,035	1	1,048,018	1	220,701	<1
Charity	467,101	<1	317,015	2	111,432	<1	38,654	<1
Other Deductions	496,458	<1	65,976	<1	110,432	<1	320,050	<1
Reported Total Deductions	50,735,820	21	2,964,997	20	28,204,513	19	19,566,310	25
NET PATIENT REVENUE	\$190,179,457	79	\$12,189,071	80	\$119,874,858	81	\$58,115,528	75
Donations								
United Way	\$789,827	<1	\$0	0	\$789,827	1	\$0	0
Other Donations	767,313	<1	14,675	<1	751,076	1	1,562	<1
Total Donations	1,557,140	1	14,675	<1	1,540,903	1	1,562	<1
Other Home Health	\$2,329,538	1	\$544,427	4	\$999,905	1	\$785,206	1
TOTAL AGENCY REVENUE	\$194,066,135	81%	\$12,748,173	84%	\$122,415,666	83%	\$58,902,296	76%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.
Notes: Revenue and deductions are self-reported by agencies and based on their most recently completed fiscal year. Gross patient revenue is the total amount that an agency has billed for services to patients. Deductions from revenue are disallowances from Medicare, Medicaid, or private insurance; bad debts; and charges to patients that have not been paid. Total deductions from revenue are subtracted from gross patient revenue to yield net patient revenue. Net patient revenue is the total revenue that agencies are paid by patients or their insurers. Donations and other revenues are added to net patient revenue to obtain total agency revenue.

- Reported gross patient revenue of home health agencies statewide increased for the first time since 1998, from \$239.8 million in 1999 to \$240.9 million in 2000.
- Gross revenue from Medicare declined for the third year in a row, constituting 42 percent of gross patient revenue in 2000 (compared with 55 percent in 1997), while gross revenue from Medicaid increased for the third consecutive year, constituting 40 percent (compared with 28 percent in 1997).
- Proprietary agencies reported \$77.7 million in gross patient revenue in 2000, an increase of 2 percent from \$76.1 million in 1999. Nonprofit agencies reported \$148.1 million in gross patient revenue in 2000, up less than 0.2 percent from \$147.9 million in 1999. Governmental agencies reported \$15.2 million in gross revenue in 2000, down 4 percent from \$15.8 million in 1999.
- Total agency revenue statewide was \$194 million in 2000, up 3 percent from \$188 million in 1999.

Figure 9. Net Agency Revenue by Ownership Type, Wisconsin, 1999 and 2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Statewide, total expenses reported by home health agencies exceeded total self-reported revenue by \$16.1 million in 2000, 38 percent lower than the reported difference in 1999 (\$25.8 million).
- For proprietary agencies, total self-reported expenses surpassed revenue by \$1.4 million in 2000. For nonprofit agencies, total self-reported expenses surpassed revenue by \$9 million. For governmental agencies, total self-reported expenses surpassed revenue by \$5.8 million.

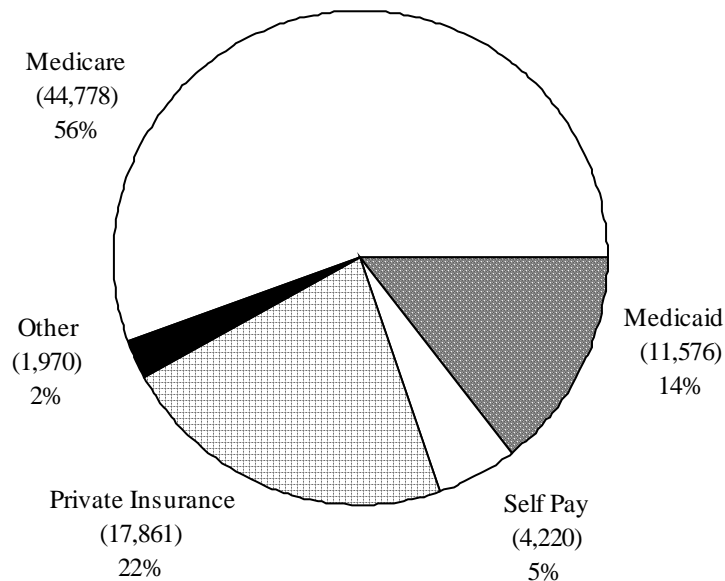
Table 18. Self-Reported Agency Revenue and Expenses by Ownership Type, Wisconsin 2000

	State Total	Governmental	Nonprofit	Proprietary
Total Agency Revenue	\$194,066,135	\$12,748,173	\$122,415,666	\$58,902,296
Total Expenses	210,163,249	18,509,525	131,400,869	60,252,855
Net Agency Revenue	-\$16,097,114	-\$5,761,352	-\$8,985,203	-\$1,350,559

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Total agency revenue equals gross patient revenue, less deductions, plus any donations.

Figure 10. Home Health Patients by Payment Source, Wisconsin 2000

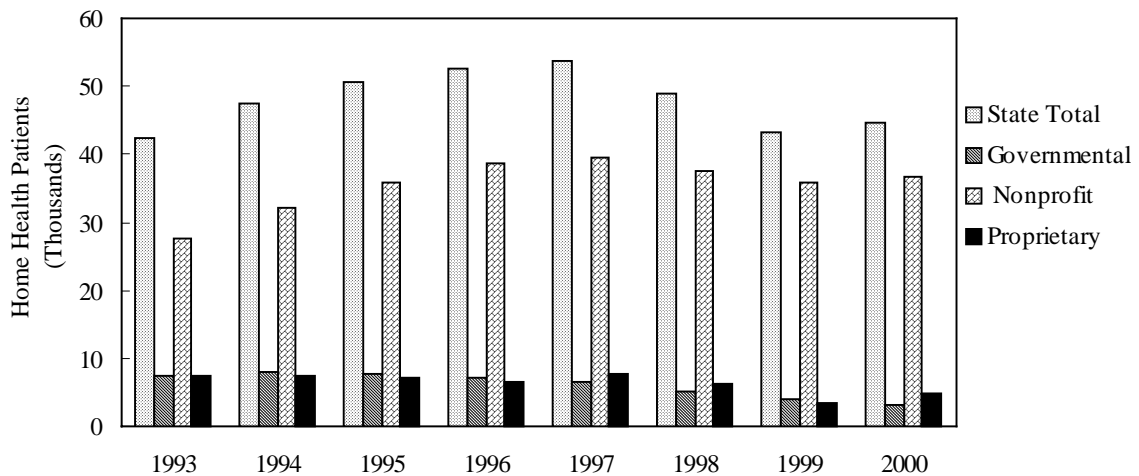


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Patients may be counted in more than one payment source.
Percents may not add to 100 percent due to rounding.

- In 2000, 56 percent of home health patients used Medicare as a payment source (54 percent in 1999); 14 percent used Medicaid (16 percent in 1999); and 22 percent used private insurance (21 percent in 1999).
- About 44,800 home health patients used Medicare as a source of payment in 2000, 4 percent more than in 1999 (43,200).
- About 11,600 home health patients used Medicaid in 2000, down 13 percent from 1999 (13,300).
- About 17,860 home health patients used private insurance as a payment source in 2000, the highest number with this payment source since 1990 and an increase of 5 percent from 1999 (17,000).

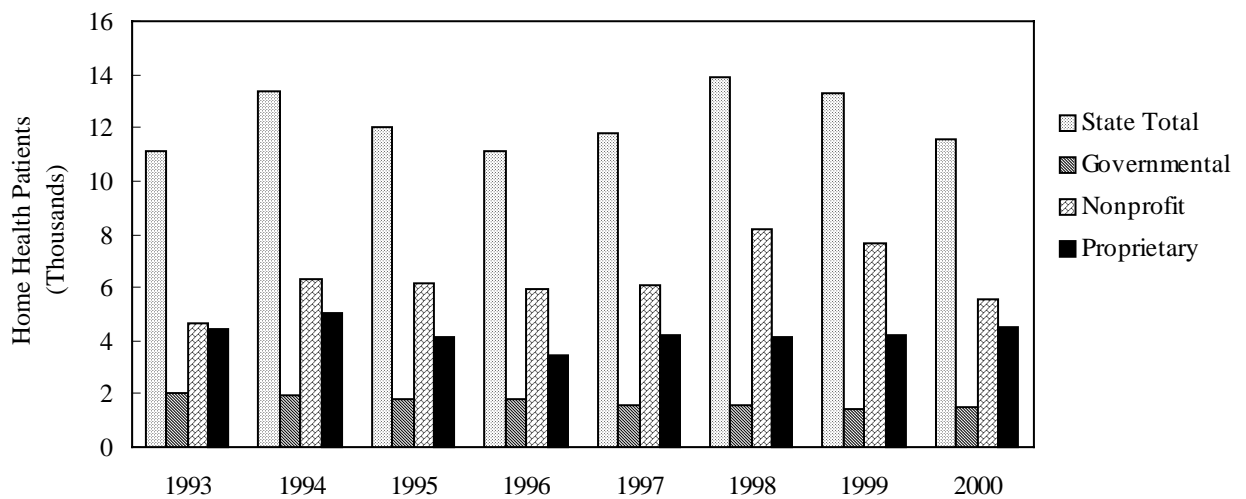
Figure 11. Home Health Patients Using Medicare as a Source of Payment by Ownership Type, Wisconsin 1993-2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The total number of home health patients using Medicare as a source of payment in Wisconsin increased 4 percent in 2000 (to 44,800), after a 12 percent decline in 1999. The increase in 2000 mainly reflects a 40 percent increase in the number of Medicare patients served by proprietary agencies.

Figure 12. Home Health Patients Using Medicaid as Source of Payment by Ownership Type, Wisconsin 1993-2000



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The total number of home health patients using Medicaid as a payment source declined 13 percent in 2000 (to 11,600), following a 5 percent decrease in 1999. The decline in 2000 reflects a 28 percent decline in the number of Medicaid patients served by nonprofit agencies. The number of Medicaid patients served by proprietary and governmental agencies increased by 7 percent and 6 percent, respectively.

Table 19. Medicare Payments to Home Health Agencies by Ownership Type, Wisconsin 2000

Payment Source	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
Medicare	\$85,405,469	\$6,292,278	\$71,242,871	\$7,870,320

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The dollar amounts shown in this table were unaudited at the time they were reported on the Annual Survey of Home Health Agencies. Agencies that closed during the year did not report (see Introduction).

- In 2000, Medicare payments as reported by home health agencies statewide totaled about \$85.4 million, an increase of 1.5 percent from \$84.1 million in 1999. Although small, this increase is a significant change from a decline of 24 percent (\$26.5 million) in 1999, and a decline of 21 percent (\$30 million) in 1998.

Table 20. Medicaid Payments to Home Health Agencies and Other Home Care Providers as Reported by the Wisconsin Division of Health Care Financing, Wisconsin FY 2000

State Fiscal Year	Home Health Agencies	Other Home Care Providers	Home Care Industry Total
2000	\$67,393,427	69,419,148	136,812,575

Source: Wisconsin Medicaid, Division of Health Care Financing, Department of Health and Family Services.

Note: Dollar amounts shown in this table include all Medicaid payments to Wisconsin home health agencies for 2000. The amounts reported in the "Home Health Agencies" category include payments to agencies providing home health services only, as well as to agencies providing home health and personal care services. The "Other Home Care Providers" category includes amounts paid to agencies that provided personal care *only*, and to independent nurses providing private duty nursing services and/or respiratory care services.

- In Fiscal Year 2000, total Medicaid payments to the state's home care industry, as reported by the Wisconsin Division of Health Care Financing, were approximately \$10 million more than in 1999. This represents an increase of 7.9 percent. DHCF-reported payments to home health agencies only (excluding other home care providers) declined by \$3.1 million, or 4.4 percent.

Technical Notes

OASIS Data (Tables 8, 9, 10, 11, 12, and 13)

The detailed patient-based data in these tables were derived from the federally mandated Home Health Care Outcome and Assessment Information Set (OASIS). Home health agencies collect OASIS data as part of a comprehensive assessment of each patient used to develop the patient's plan of care, assess that care over the course of treatment, and improve the quality of care provided. OASIS includes information on medical conditions and patient history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being. It also includes information on living arrangements and supportive assistance, and needs for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Although the OASIS database also includes data from some patients who used payment sources other than Medicare and/or Medicaid, these records are excluded from this report because OASIS reporting is mandated only for home health patients at the skilled level of care who use Medicare and/or Medicaid. Data for other patients are submitted voluntarily by home health agencies and thus are not fully representative. The OASIS data presented in this report, while an important source of patient-based information, are not representative of all patients receiving home health services in Wisconsin.

To reflect the profile of all home health patients who used Medicare and/or Medicaid and received skilled care, Tables 11, 12, and 13 included data from all types of assessments: start of care; resumption of care after an inpatient stay; follow-up assessments, such as after recertification; transfer to an inpatient facility; and discharge from agency. These three tables are based on data from 40,260 patient records.

Tables 8, 9, and 10 provide information about the health status of patients, so only records from the latest "start of care" assessment were used. That is, if a patient had more than one "start of care" assessment in 2000, the latest was used. These three tables are based on data from 32,280 patient records.

Definitions for Activities of Daily Living (ADLs):

Ambulation/locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

Toilet Use: Ability to get to and from the toilet or bedside commode.

Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only).

Eating: Ability to feed self meals and snacks. Note: this refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

Definitions for Instrumental Activities of Daily Living (IADLs):

Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

Technical Notes

Laundry: Ability to do own laundry – to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, and subway).

ATTACHMENT I

2000 ANNUAL SURVEY OF HOME HEALTH AGENCIES

The Statistical Summary is to be provided by agencies submitting an annual report. If you have questions about completing Attachment I, call Jane Conner (608-267-9055), Kitty Klement (608-267-9490), Lu Ann Hahn (608-266-2431), or Kim Voss (608-267-1420).

Time Periods:

This summary requests information from varying time periods. Some questions refer to the entire calendar year (January 1 - December 31, 2000); others refer to a specific day (January 1, December 7, 2000, or December 31, 2000). Financial information is requested for your agency's last closed fiscal year. Please be careful to answer questions for the correct time period.

Patient Counts:

Patients are counted two ways:

1. Only once to determine the number of individual people your agency served by county, primary diagnosis, and race; and
2. Multiple times, when appropriate to identify the number of patients who received various types of services, whose payments came from various pay sources, and who were admitted and/or discharged from various places and programs.

In some instances, patient counts in one question must equal patient counts in other questions. When this is the case, a footnote is used as a reminder.

Diagnoses Reporting:

All diagnostic categories in Section VII, A. are based on the ICD-9-CM classification system, Volumes 1,2,3 -- 1998.

Follow-up for corrections / clarifications:

All responses will be edited for completeness, accuracy and clarity. If any problems are found, the contact person named below will be telephoned for corrections/clarifications.

Selected definitions are incorporated into the survey form. Please read them carefully before filling out the survey.

Person responsible for completing Attachment I
(This is who will be contacted if further information is required.)

Contact person's telephone number

Area Code / Telephone Number
(This number will be published in the Home Health directory.)

Area Code / Fax Number

E-mail Address

Date Completed

If you are also the contact person for *another* Home Health Agency, please list the name, city and license number of that agency:

Name

City

License No.

STATISTICAL SUMMARY

I. GENERAL INFORMATION

A. If your agency began operation after January 1, 2000,
please provide the date operations began / /
Month Day Year

B. 1. Is your agency a department of a hospital? ☐ 1. Yes ☐ 2. No

2. If not, are you formally affiliated with a hospital? ☐ 1. Yes ☐ 2. No

If you answered "yes" to (1) or (2), specify name of hospital and city:

C. Is your agency certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

D. Is your agency certified by Medicare and/or Medicaid to
provide Hospice Care? (*Do not include hospice data on this survey.*) ☐ 1. Yes ☐ 2. No

E. Is your agency certified by Medicaid (Title 19)? ☐ 1. Yes ☐ 2. No

F. Is your agency certified by Medicaid for Personal Care Services? ☐ 1. Yes ☐ 2. No

G. Is your agency certified to provide HealthCheck or EPSDT services? ☐ 1. Yes ☐ 2. No

H. Has the controlling organization placed responsibility for the administration of the
home health agency with another organization through a contract? ☐ 1. Yes ☐ 2. No

Answer The Following Two Questions Only If You Answered "Yes" To Letter H

1. Specify the name of the contracted organization:

2. Specify the classification of the contracted organization:

Government _____ Nonprofit _____ Proprietary _____

II. SERVICES PROVIDED**A. Statistics [HFS 133]**

Type of Service: Report the information below for the calendar year 2000.

Home Health services are performed by home health staff, either a registered nurse, a home health aide under the supervision of a registered nurse, a licensed practical nurse, or a licensed therapist.

Personal Care services are performed by personal care workers, under the supervision of a registered nurse.

Number of Patients: Report the number of patients, by type of service. Patients are to be counted in each type of service category to reflect all services received. Patients may be counted in more than one category, but can only be counted once within any single category. For example, if a patient received skilled nursing service at two different points in time during the year, he/she should be counted as one patient in the skilled nursing category. If a patient received skilled nursing care and also received home health aide service, count the patient twice; once for skilled nursing care and once for home health aide service.

Number of Visits: A visit is defined as one of the following: a) A home health visit is an encounter with a home care recipient where medically necessary care is provided by a physician, nurse, therapist, medical social worker or home health aide, for the purpose of rendering medically oriented home care services; b) A personal care visit is an activity required in the plan of care which is related to assisting an individual with medically necessary activities of daily living necessary to maintain the individual in his or her place of residence in the community; or c) A supervisory visit is an on-site authoritative procedural guidance to the home health aide, provided by the registered nurse or therapist.

Count as one visit each time you call on the patient regardless of the length of time spent with the patient. The number of visits may be greater than the number of patients due to multiple visits to a patient.

Total Hours: Include only actual care time; **exclude travel and charting time. Round to the nearest whole hour. No decimals.**

Charge Per Visit: Report the agency's end of the year "usual and customary" **Per Visit** rate. This is the rate that your agency charged patients for each service. Report per-hour rates for private duty nursing, personal care and homemaker services.

Medicare Cost Per Visit: If your agency accepts Medicare payments, report the Medicare cost per visit. This information is found on the Medicare Cost Report, Worksheet C (hospital based agencies refer to Worksheet H-5). If the rate has changed during 2000, report the 12/31/00 rate. If Medicare payments are not accepted leave the column blank.

Type of Service	Number of Patients	Number of Visits	Total Hours	Charge per Visit	Medicare Cost per Visit
Home Health Services include skilled nursing, physical therapy, occupational therapy, speech and language therapy, home health aide services, medical social services, or respiratory therapy provided by a qualified individual in accordance with a patient's plan of care. Also includes private duty nursing for reporting purposes.					
a. Skilled Nursing (include medication management, on-going assessment, supervisory visit, etc.)				\$	\$
b. Physical Therapy				\$	\$
c. Occupational Therapy				\$	\$
d. Speech Therapy				\$	\$
e. Medical Social Service				\$	\$
f. Home Health Aide				\$	\$
g. Medicaid Respiratory Therapy				\$	
h. Private Duty Nursing				\$ 1	
i. Other Therapeutic <u>Home Health Care</u> <i>Specify:</i>					
Personal Care Services include activities to assist an individual with activities of daily living necessary to maintain the individual in his / her place of residence in the community. It may include assistance with bathing, transferring, personal hygiene, changing bedding and clothing, toileting, meal preparation, light housekeeping and other services specified in HFS 107.112.					
j. Personal Care				\$ 1	
k. Personal Care RN Supervisory Activities				\$	
l. Homemaker Service				\$ 1	
m. Other <u>Non-therapeutic Care</u> <i>Specify:</i>					
TOTALS (a – m)					

1 Please report the hourly rate for private duty nursing, personal care and homemaker services.

NOTE: The number of patients in any single service category above, (a-m), cannot be greater than the total number of individual patients listed on page 9, question G, line 3.

II. SERVICES PROVIDED (continued)**2. Shared Home Health Services:**

- a. Does your agency share cases with other home health agencies, personal care agencies or independent providers? ☐ 1. Yes ☐ 2. No
- b. If yes, how many patients were considered shared cases in 2000?
- with other home health agencies _____
- with personal care agencies _____
- with independent providers _____

3. Other Types of Services:

- a. Does your agency provide services at Community Based Residential Facilities? ☐ 1. Yes ☐ 2. No
(Defined in Wis. Stats., Chap. 50.01(1g) as 5 or more unrelated adults reside and receive care, treatment or services above the level of room and board but not including nursing care.)
- If yes, as of December 31, 2000, how many patients were receiving services? _____
- b. Does your agency provide services at adult family homes? ☐ 1. Yes ☐ 2. No
(Defined in Wis. Stats., Chap. 50.01(1) as a private residence where 3-4 unrelated adults reside and receive care, above the level of room and board but not including nursing care. Is certified under 50.032 and licensed under 50.033.)
- If yes, as of December 31, 2000, how many patients were receiving services? _____
- c. Does your agency provide services at residential care (assisted living), apartment complexes? ☐ 1. Yes ☐ 2. No
- d. Does your agency provide services at adult day care centers? ☐ 1. Yes ☐ 2. No
- e. Does your agency provide other type of services? ☐ 1. Yes ☐ 2. No
- If yes, please describe: _____

III. FINANCIAL DATA**A. Indicate the FISCAL PERIOD** used (i.e., your last closed fiscal year):Beginning Date ____/____/____
month day yearEnding Date ____/____/____
month day year**Please round all figures to the nearest dollar.*********NO DECIMALS*********B. REVENUE**

1. Sources of gross revenue:

- a. Medicare \$ _____
- b. Medicaid \$ _____
 - 1. Home Health Medicaid \$ _____
 - 2. Personal Care Medicaid \$ _____
- c. Other federal government (e.g., TRICARE (Campus), VA) \$ _____
- d. State government sources \$ _____
 - 1. COP program \$ _____
 - 2. Other state government (e.g., CIP, OAA) \$ _____
- e. All other government sources \$ _____
- f. Third party payer (Private insurance, HMOs, Other Managed Care) . \$ _____
- g. Self pay \$ _____
- h. Other non-governmental sources \$ _____
- i. **Total sources of gross patient revenue** (add 1.a through 1.h) \$ _____

2. Deductions from revenue:

- a. Medicare¹ \$ _____
- b. Medicaid¹ \$ _____
- c. Other government \$ _____
- d. Third party payer (Private insurance, HMOs, Other Managed Care) ... \$ _____
- e. Bad debts (include denials by third party payers) \$ _____
- f. Charity \$ _____
- g. Other deductions \$ _____
- h. **Total deductions** (sum of lines 2.a through 2.g) \$ _____

3. **Net Patient Revenue** (1.i minus 2.h) \$ _____

4. Donations

- a. United Way funds \$ _____
- b. Other donations \$ _____
- c. **Total donations** (a + b) \$ _____

5. Other Revenue \$ _____

6. **Total Agency Revenue** (sum of lines 3 + 4.c +5) \$ _____¹ If Medicare or Medicaid reimbursement is below your charge, record the difference as a deduction to that category.

III. FINANCIAL DATA (continued)**Please round all figures to the nearest dollar.*********NO DECIMALS*********C. EXPENSES**1. **Payroll expenses** (include only wages and salaries) \$ _____2. **Non-payroll expenses:**

a. Employee Benefits (social security, group insurance, retirement, etc.) \$ _____

b. Professional fees (legal, consultant, auditing, contracted staff, etc.) \$ _____

c. Travel expenses for patient services (e.g., car rental, mileage, etc.) \$ _____

d. Office rental, utilities, maintenance, repairs, security, etc. \$ _____

e. Office supplies, printing, paper, copying equipment rental, data processing, etc. \$ _____

f. Communication expenses
(e.g., telephone, postage, beepers, paging equipment, etc.) \$ _____g. Durable medical equipment
(equipment which can withstand repeated use, is primarily used for medical purposes, is generally not useful to a person in the absence of illness or injury and is appropriate for use in the home. General categories include: respiratory equipment, wheelchairs, orthotics, orthopedic footwear, prosthetics, and home health equipment.) \$ _____

h. Other medical supplies \$ _____

i. Promotional expenses
(e.g., advertisements, promotional campaigns, brochures, etc.) \$ _____j. Continuing education
(e.g., professional books and journals, organizational dues, inservice, conferences and seminars, etc.) \$ _____

k. Other (please specify: _____) \$ _____

l. Total non-payroll expenses (sum of lines 2.a through 2.k) \$ _____

3. **Total expenses** (1 + 2.l) \$ _____

IV. NUMBER OF PATIENTS BY PAY SOURCES

For the calendar year 2000, report the number of patients served by pay sources. Please report patients in a pay source category only if your agency received monies for the patient from that particular pay source. If your agency received monies for a patient from more than one pay source during the year, include the patient in the count for all appropriate pay source categories.

Pay Source	Number of Patients
1. a. Medicare (excluding Title 18 Managed Care / HMOs)	_____
b. Medicare (Managed Care / HMOs)	_____
c. Total Medicare (a + b)	_____
2. a. Medicaid (excluding Title 19 Managed Care / HMOs)	_____
b. Medicaid (Managed Care / HMOs)	_____
c. Total Medicaid (a + b)	_____
3. Social Services Block Grant	_____
4. Other Block Grants	_____
5. Supplementary Security Income (SSI)	_____
6. Older Americans Act	_____
7. Other Federal (including VA)	_____
8. Community Options Program	_____
9. Other Community Aids	_____
10. a. Private Insurance (except Managed Care / HMOs)	_____
b. Private (Managed Care / HMOs)	_____
c. Total Private Insurance (a + b)	_____
11. Self Pay	_____
12. Other (please specify: _____)	_____
13. TOTAL	_____ *

* **TOTAL cannot be less than the Total individual patient count on page 9, question G, line 3.**

V. ADMISSIONS & DISCHARGES

Please record the number of patients admitted to and discharged from your program during 2000 for each of the following areas. Count patients as many times as necessary for Sections B and E.

A. Number of patients on your agency's open caseload on January 1, 2000

The number entered above reflects your agency's December 31, 1999 patient count. If different please change and explain. (Any admissions on or after January 1st should be listed below in Section B, NOT on Line A. above.)

1. Of the number of patients who were on your open caseload beginning January 1, 2000 (Line A above), how many of those patients are also listed as an admission(s) during 2000 on Line B.10?

B. Admissions during the year from:

(Report all admissions to your agency, regardless of the number of times an individual person was admitted. For example, if the same person was admitted ten times during 2000, count each and every admission.)

1. private residences (exclude patients who had been in a location listed on Lines B2 - B9 within 2 weeks prior to admission):
 - a. self care
 - b. care from family / friends
 - c. other home health agency
 - d. other
 - e. **Total** private residences (sum of lines 1.a through 1.d)
2. general hospitals
3. psychiatric hospitals
4. facilities for the developmentally disabled
5. community based residential facilities (CBRF)
6. nursing homes
7. adult family homes
8. alternate care programs (*please specify:*)
(e.g., freestanding rehabilitation, subacute care, supervised apartment living program, group home, homeless shelter, domestic abuse shelter)
9. other (*please specify:*)
10. **TOTAL ADMISSIONS** (sum of lines B.1e through B.9)

C. Of the Total Admissions (line B.10, above) how many:

1. Were readmissions?
(Readmissions are the number of admissions above and beyond a patient's first admission during 2000. If an individual was formally admitted more than once during the calendar year, count each admission, except the first one, as a readmission. For example, if a patient was formally admitted to the agency five times during the calendar year, that would be five admissions of which four were readmissions.)
2. Used Medicare as their primary pay source **at the time of admission?**
3. Used Medicaid as their primary pay source **at the time of admission?**

V. **ADMISSIONS & DISCHARGES (continued)**

D. **Of the TOTAL ADMISSIONS** (page 8, line B.10) in 2000, how many were referred by:

- 1. community options program (COP)? _____
- 2. community integration program-phase I (CIP-I)? _____
- 3. community integration program-phase II (CIP-II)? _____
- 4. home health agency? _____
- 5. health maintenance organization (Managed Care/HMOs)? _____

E. **Discharges** during the year to:

- 1. private residences: (enter the more restrictive or higher level of service
for patients receiving service from multiple sources)
 - a. to receive care through the COP program _____
 - b. to receive care through public health _____
 - c. to receive care through another home health agency _____
 - d. family / friends assumed care _____
 - e. self care (goals met) _____
 - f. other _____
 - g. **Total** private residences (sum of lines 1.a through 1.f) _____
- 2. general hospitals _____
- 3. psychiatric hospitals _____
- 4. facilities for the developmentally disabled _____
- 5. community based residential facilities (CBRF) _____
- 6. nursing homes _____
- 7. adult family homes _____
- 8. alternate care programs (please specify: _____) _____
- 9. hospice _____
- 10. deaths _____
- 11. other (please specify: _____) _____
- 12. **Total Discharges** (include deaths) (sum of lines E.1g through E.11) _____

F. **Persons on the caseload on December 31, 2000** _____
(Page 8, line A, plus line B.10, minus Page 9, line E.12.)

G. Please report the **Total Number of Individual Patients** for 2000, using the following formula to calculate the total.

- 1. Patients on January 1, 2000 caseload (page 8, line A) _____
Minus page 8, line A1 (1/1/00 patients also counted as an admission during 2000) _____
Subtotal
- 2. Admissions (page 8, line B10) _____
Minus Readmissions (page 8, line C1) _____
Equals the Number of Patients Admitted _____
Subtotal
- 3. **Total** individual patient count (unduplicated) for 2000. (add subtotals from G1 and G2) _____
(The number reported here **MUST** equal the "TOTALS" at the bottom of Pages 10, 11 and 12.)

Is the Total individual patient count (G.3) equal to the totals reported on Pages 10, 11, & 12? ☐ 1. Yes ☐ 2. No
(THESE MUST MATCH.)

VI. MARKET AREA**A. COUNTY OF SERVICE DELIVERY**

Please report the total individual patients cared for during 2000 as reported on page 9, question G, line 3.

County	Number of Home Health Patients During 2000
Adams	
Ashland	
Barron	
Bayfield	
Brown	
Buffalo	
Burnett	
Calumet	
Chippewa	
Clark	
Columbia	
Crawford	
Dane	
Dodge	
Door	
Douglas	
Dunn	
Eau Claire	
Florence	
Fond du Lac	
Forest	
Grant	
Green	
Green Lake	
Iowa	
Iron	
Jackson	
Jefferson	
Juneau	
Kenosha	
Kewaunee	
La Crosse	
Lafayette	
Langlade	
Lincoln	
Manitowoc	
Marathon	
Marinette	
Marquette	
Menominee	

County	Number of Home Health Patients During 2000
Milwaukee	
Monroe	
Oconto	
Oneida	
Outagamie	
Ozaukee	
Pepin	
Pierce	
Polk	
Portage	
Price	
Racine	
Richland	
Rock	
Rusk	
St. Croix	
Sauk	
Sawyer	
Shawano	
Sheboygan	
Taylor	
Trempealeau	
Vernon	
Vilas	
Walworth	
Washburn	
Washington	
Waukesha	
Waupaca	
Waushara	
Winnebago	
Wood	
Out of State	
Illinois	
Iowa	
Michigan	
Minnesota	
Other States	
TOTAL (in and out-of-state)	*

* TOTAL **MUST** equal the Total individual patient count on page 9, question G, line 3.

VII. PATIENT CHARACTERISTICS**A. Age and Primary Diagnosis** for total individual patients treated during 2000 as reported on page 9, question G, line 3.

Each patient should be recorded only once, in the category which best explains why he/she is receiving services. (i.e., The diagnosis accounting for the greatest resource consumption during the patient's illness or the chief reason for the patient's admission.)

Shaded areas appear for the readability purposes only, please fill them in.

PRIMARY DIAGNOSIS	AGE										Total
	0 to 3	4 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	
HIV Infection, AIDS (042)											
Other Infectious & Parasitic Diseases (001-041, 045-139)											
Cancer (140-239)											
Diabetes (250)											
Dehydration (276)											
Diseases of Blood & Blood Forming Organs (280-289)											
Senile Dementia (290)											
Psychoses (291-299)											
Neurotic Disorders (300-316)											
Mental Retardation (317-319)											
Dis. of Central Nervous System & MS (320-341, except 331.0)											
Alzheimer's Disease (331.0)											
Paralysis (342, 344)											
Cerebral Palsy (343)											
Disorders of Eye and/or Ear (360-389)											
Cardiovascular (other than stroke) (390-435, 440-459)											
Stroke (436-438)											
Respiratory (460-519)											
Digestive Disorders (520-579)											
Genitourinary System (580-629)											
Pregnancy & Childbirth (630-676)											
Arthropathies, Dorsopathies, & Rheumatism (710-729)											
Osteopathies (730-739)											
Congenital Anomalies (740-759)											
Conditions Originating in the Perinatal Period (760-779)											
Ill-defined Conditions (780-799)											
Fractures, Dislocations & Sprains (800-848)											
Wounds, Burns, & Other Injuries (850-959)											
Poisoning & Toxic Effects (960-989)											
Complications of Surgery (996-999)											
Other Conditions											
TOTAL											*

* TOTAL **MUST** equal the Total individual patient count on page 9, question G, line 3.

NOTE: Totals by age, **MUST** equal age totals on page 12.

VII. PATIENT CHARACTERISTICS (continued)**B. Age, Race, Sex, and Hispanic Origin of Patients**

Report each patient treated during 2000 (as reported on page 9, question G, line 3) in the appropriate categories on the table below.

Each patient should be entered in:

- an age and race category;
- an age and sex category;
- and when appropriate, an age and Hispanic / Spanish origin category (be sure to include each Hispanic person in the appropriate race category too, as Hispanic is not a race).

When possible use the patients' self-identification of race / ethnicity. Otherwise, the agency should make a "best guess".

	Age										Total
	0 to 3	4 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	
Race											
White											
Black or African American											
American Indian ¹											
Southeast Asian ²											
Asian or Pacific Islander ³											
Other											
<i>Specify:</i>											
Unknown											
TOTAL											(a)
Sex											
Males											(b)
Females											(c)
PLEASE MAKE SURE that the total males, (line b), plus total females, (line c), equal the Total number of patients, (line a). Total number of patients, (line a), MUST equal the Total individual patient count, page 9, question G, line 3.											
Hispanic/Spanish Origin⁴											

NOTE: Totals by age on line (a), **MUST** equal age totals on page 11.

1 Includes members of tribes indigenous to the Americas including Eskimo and Aleut.

2 Includes Cambodian, Laotian, Vietnamese, Hmong, Montagnard, etc.

3 Includes Chinese, Japanese, Korean, Filipino, Samoan, Guamanian, Thai, Micronesian, Tongan, and Asian Indian.

4 Includes individuals of Hispanic/Spanish descent (e.g., Mexican, Cuban, Puerto Rican, Central or South American, Spain, etc.)

Hispanic is representative of an ethnicity (i.e., there are black, white, American Indian people of Hispanic ethnicity, culture or descent.)

Do the age totals, (line a), equal the age totals reported on Page 11? ☐ 1. Yes ☐ 2. No

(THESE MUST MATCH.)

VIII. PATIENTS CONDITIONS, SERVICES, AND ACTIVITIES

This section may be difficult, but it is the only part of the survey by which we can understand a typical daily caseload. Please indicate, for each of the following conditions, services, and activities, the number of patients that were receiving active therapy/services (teaching and/or administration) on **December 7, 2000**. *Patients should be counted in each applicable category.*

Conditions Services and Activities	Number of Patients
Sensory Difficulties	
1. Impaired Hearing The inability to hear with hearing aids if the patient usually wears them.	
2. Impaired Vision The inability to see with corrective lenses if the patient usually wears them.	
Psychological Problems	
3. Attempted Suicide Any attempted suicidal behavior within the last 90 days.	
4. Verbally Abusive Single or repeated act of yelling, threatening, excessive profanity, etc.	
5. Physical Aggression Aggressive or combative to self and others (e.g. hits, throws objects, punches, etc.)	
6. Impaired Memory Failure to recognize familiar person/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required.	
7. Alcohol and Other Drug Abuse	
Therapies	
8. Psychiatric Therapy	
9. Occupational Therapy	
10. Physical Therapy	
11. Speech Therapy	
12. Medical Social Services	

Conditions, Services and Activities	Number of Patients
Requires Help With Activities of Daily Living (ADLs):	
13. Dressing	
14. Ambulation	
15. Eating	
16. Bathing	
17. Toileting	
18. Transferring	
19. How many patients required help with one to three of the above listed ADLs?	*
20. How many patients required help with four or more ADLs listed above?	*
Nursing Activities Related To:	
21. Tracheostomy	
22. Wound Care Including but not limited to ulcers, burns, pressure sores, open surgical sites, fistulas, tube sites and tumor erosion sites.	
23. Ostomy Care (e.g., tracheostomy, gastrostomy, etc.)	
24. Respiratory Care (T19 only) Include Medicaid patients who are ventilator dependent.	
25. Respiratory Care (not T19) Include Non-Medicaid patients who are ventilator dependent.	
26. Tube Feeding	
27. Orthotics (e.g., splints, braces, slings)	
28. Pharmaceutical Administration Exclude I.V.	
29. I.V. Administration	
30. Medication Setup	
31. Other Nursing Actions	

The information on this page is based on _____ patients.

(The number reported here should be the number of patients visited on December 7, 2000.)

* The sum of lines 19 + 20 **MUST NOT** be greater than the number of patients visited on December 7, 2000, as listed on the above line.

IX. STAFFING

- A. Personnel:** Report the number of personnel *employed* by the agency during the week of December 3 - 9, 2000. Include staff on vacation or other paid leave. Out-of-state agencies should report only staff time serving Wisconsin patients.

Full-Time Persons: Report the number of persons employed full-time (37 ½ hours or more per week).

Part-Time Persons: Report the number of persons employed part-time (less than 37 ½ hours per week).

Part-Time Hours: For each employed person working less than full-time hours, report the number of hours worked in that position. If a person serves in more than one job position, place an asterisk (*) next to the job title, record the hours worked in the part-time hours column for each position, but only record the person once in the part-time person column for the job position worked the most hours. (e.g., A person may work as a Home Health Aide for 25 hours and may also work as a Personal Care Worker for 15 hours. Record "25" in the part-time hours column for Home Health Aides, and record "15" in the part-time hours column for Personal Care Workers. Record a "1" in the part-time persons column for Home Health Aides, since the majority of the hours were worked in that capacity).

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. NO DECIMALS.

Contracted Staff Persons: Report the number of persons providing services through a formal contractual arrangement.

Staff On Leave: Report the number of persons employed by the home health agency but temporarily on leave of absence, (e.g., maternity/paternity leave, educational leave, family leave, etc.).

DO NOT WRITE IN SHADED AREA

PLEASE, NO FTE'S

EMPLOYEE CATEGORY	Full-Time Persons	Part-Time Persons		Contracted Staff Persons	Staff On Leave
		Personnel	Total Hours		
Administrative Staff					
1. Administrator					
2. Registered Nurse Supervisor					
Nursing Staff					
3. Registered Nurses					
4. Licensed Practical Nurses					
Therapeutic Staff					
5. Home Health Aides					
6. Physical Therapists					
7. Registered Occupational Therapists					
8. Speech Pathologists					
9. Respiratory Therapists					
10. Medical Social Workers					
11. Other, (e.g., dietitian, pharmacist, audiologist) Specify:					
Other Staff					
12. Personal Care Workers					
12a. Related to Patient					
12b. Not Related to Patient					
13. Homemakers					
14. Other, (e.g., office staff, etc.)					
TOTAL (sum of lines 1 - 14, excluding 12a. & 12b.)					

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

